FORM TO BE USED BY A PRISONER IN FILING A CIVIL RIGHTS COMPLAINT

RECEIVED

MAR 2 0 2025

IN THE UNITED STATES DISTRICT COURT

RICHARD W. NAGEL, CLERK OF COURT COLUMBUS, OHIO

FOR THE NORTHERN DISTRICT OF OHIO GNIMEN PRINTINGS

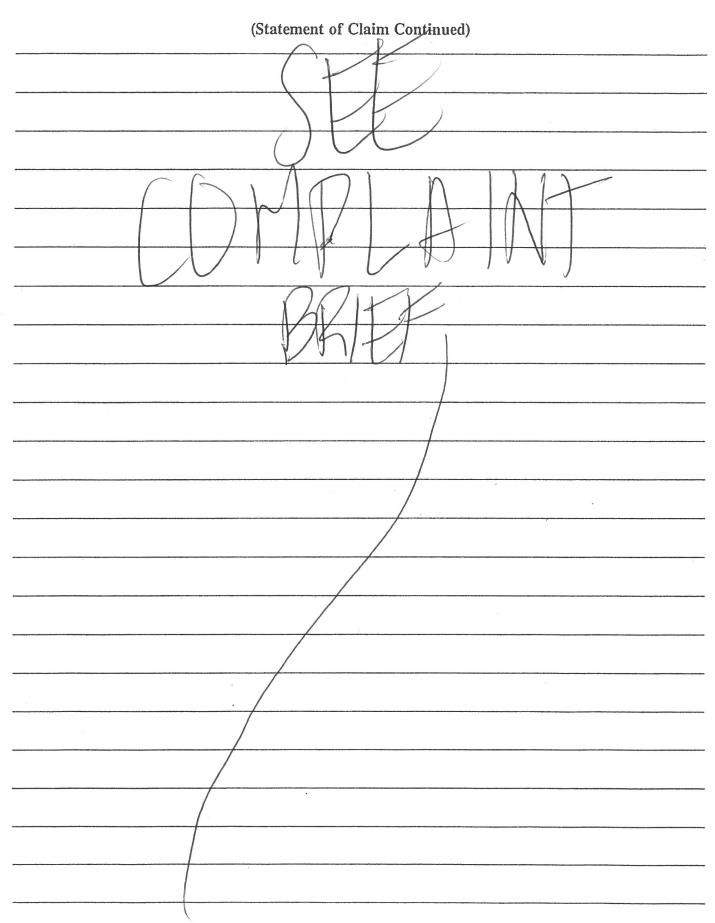
MICHARA PHILLIP MINCHAL #317 190	CIVIL CASE 50. CV 0 2 8				
(Enter above the full name of the plaintiff in this action) VS.	JUDGE WATSON				
UNATED REPLICAL NURSE DESENDANT, ET.At., UNATED REPURE VAN DEPENDANT, (Enter above the full name of the defendant(s) in this action	COMPLAINT MAGISTRATE JUDGE SILVAIN				
I. Previous Lawsuits					
A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment? YES \(\subseteq\) NO \(\subseteq\)					
B. If your answer to A is yes, describe the lawsuit in the space below, (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).					
Parties to this previous lawsuit Plaintiffs	MAT				
Defendants	NONE				
2. Court (if federal court, name the district; if state	e court name the county)				
3. Docket Number					
4. Name of judge to whom case was assigned	. , , , ,				

5.	Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)
	Approximate date of filing lawsuit Approximate date of disposition MACION (by/CychloMol)
	ace of Present Confinement //m/// W//Y////////////////////////////
A.	Is there a prisoner grievance procedure in this institution? YES W NO
В.	Did you present the facts relating to your complaint in the state prisoner grievance procedure? YES NO
C.	If your answer is YES,
	1. What steps did you take?
	2. What was the result?
D.	If your answer is NO, explain why not
E.	If there is no prison grievance procedure in the institution, did you complain to prison authorities? YES NO
	If your answer is YES, 1. What steps did you take?
:	2. What was the result?

111	υ	ar	41	OC
8 8 8		01	E.R	C.3

111.	Parties
	(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any).
	A. Name of the Plaintiff
	Address MARION LORGERIONAL INGINUTUM - MARION, OUTO 43302
	(In item B below, place the full name of the defendant in the first blank, his or her official position
	in the second blank, and his or her place of employment in the third blank. Use item C for the names, positions and places of employment of any additional defendants).
	B. Defendant WNFMD MEDICAL NURSE NETENDANT is employed as
	MERICAL NURSE at PLYAMAY CORRECTIONAL INSTITUTION
	C. Additional Defendants UNNAMED TRANSFORT VAN DEFENDANT, UNNAMED MEDICAL
	NURSE DEFENDANT, UNNAVAD TRANSPORT VAN DEFENDANT
IV.	Statement of Claim
	(State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separated paragraph. Use as much space as you need. (Attach extra sheet(s) if necessary).
Ø	BREMOBINGS UNKNOWN LISTED HEREIN "ORE" RESPONSIBLE FOR THE PICKAINDY CORREC-
tional insti	NUTCH, INCLUDING THE CARE, THE TRANSFORT SAFETY AND TREATMENT OF ITS INMATES
IN CUSTODY	THEREIN. DEPENDANTS LYKNOWN LISARD HEREIN "BRE" AKOVIRED TO ENSURE THAT
	5, PRACTICES, MEDICAL, TRANSPORT, MEDICAL FOLLOW-UP ORDERS AND CUSTOMS OF CUSTORS
	US HOSPITHS CONVY WITH FEDERAL AND OTHE LAWS CONCERNING THE CARE, TRANSPLA
AND TREBU	MANT OF "PLASONS" IN CUSTODY of T
destination	SEMMANIA
	The state of the s

-4-



V. Relief

(State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes).

Signed this 3M day of March 1991.

I declare under penalty of perjury that the foregoing is true and correct.

3/3/25 (Date)

(Signature of Plaintiff)